

Application No.: 09/050,808
Request For Reinstatement Dated: December 29, 2004

MAT-5860

AF#
Zhu



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/050,808
Appellant: Yutaka Machida
Filed: March 30, 1998
Title: DECODING AND CODING METHOD OF MOVING IMAGE
SIGNAL, AND DECODING AND CODING APPARATUS OF
MOVING IMAGE SIGNAL USING THE SAME
TC/A.U.: 2613
Examiner: Allen C. Wong
Confirmation No.: 7277
Docket No.: MAT-5860

REQUEST FOR REINSTATEMENT OF APPEAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Official Action dated October 1, 2004, Reinstatement of the Appeal is respectfully requested.

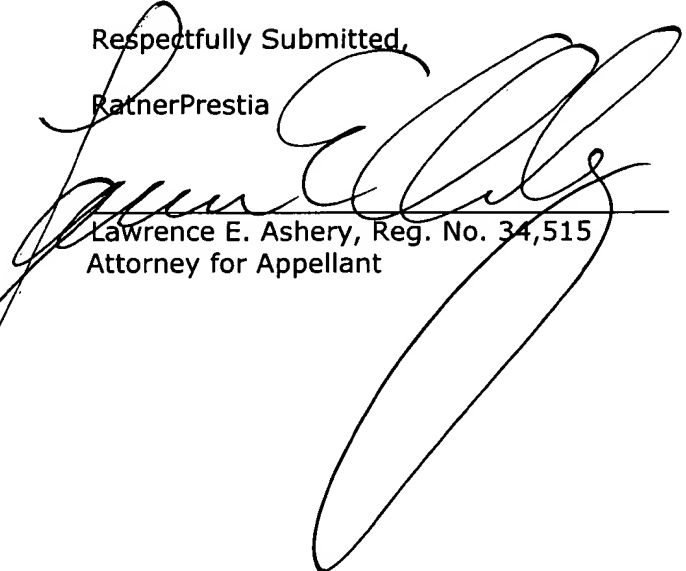
The price difference between the present cost of a Notice of Appeal and the previous cost of a Notice of Appeal (\$170) is enclosed.

01/04/2005 MAHMED1 00000044 180350 09050808
01 FC:2401 80.00 DA 170.00 OP

A Supplemental Appeal Brief will be filed within two months.

Respectfully Submitted,

RatnerPrestia


Lawrence E. Ashery, Reg. No. 34,515
Attorney for Appellant

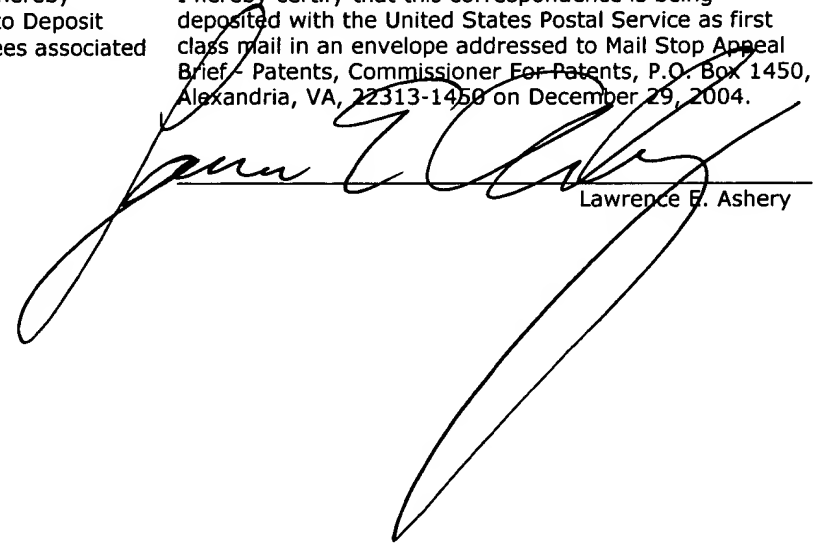
LEA/ds

Dated: December 29, 2004

Suite 301
One Westlakes, Berwyn
P.O. Box 980
Valley Forge, PA 19482
(610) 407-0700

The Assistant Commissioner is hereby
authorized to charge payment to Deposit
Account No. **18-0350** of any fees associated
with this communication.

I hereby certify that this correspondence is being
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Brief - Patents, Commissioner For Patents, P.O. Box 1450,
Alexandria, VA, 22313-1450 on December 29, 2004.


Lawrence E. Ashery



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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/050,808
Filing Date	March 30, 1998
First Named Inventor	Yutaka Machida
Art Unit	2613
Examiner Name	Allen C. Wong
Attorney Docket No.	MAT-5860

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
 - ☐ Fee Attached
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/Declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/
Incomplete Application
 - ☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
Provisional Application
- ☐ Power of Attorney, Revocation,
Change of Correspondence
Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
 - ☐ Landscape Table on CD

- ☐ After Allowance Communication
to TC
- ☐ Appeal Communication to Board
of Appeals and Interferences
- ☒ Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please
identify below):

USPTO Credit Card Payment Form
Return Postcard**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	ReinerPrestia
Signature	
Printed Name	Lawrence E. Ashery
Date	December 29, 2004

Registration No. 34,515

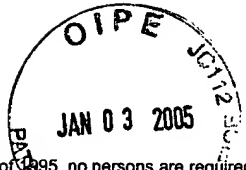
CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or Printed Name	Lawrence E. Ashery
Date	December 29, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 170.00

Complete if Known

Application Number	09/050,808
Filing Date	March 30, 1998
First Named Inventor	Yutaka Machida
Examiner Name	Aillen C. Wong
Art Unit	2613
Attorney Docket No.	MAT-5860

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x _____ = 0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Reinstatement of Appeal (\$500-330 = \$170)

Fees Paid (\$)

SUBMITTED BY		
Signature	Registration No. 34,515	Telephone (610) 407-0700
Name (Print/Type) Lawrence E. Ashery	(Attorney/Agent)	Date December 29, 2004

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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